



PRINCE HALL GRAND CHAPTER MEDICAL FORM
Order of the Eastern Star, Rite of Adoption
State of Hawaii and its Jurisdiction Inc.



1. NAME _____
(LAST) (FIRST) (MIDDLE)

2. DATE OF BIRTH _____ WEIGHT _____ HEIGHT _____

3. HEART DISEASE _____

4. LUNGS _____ ABNORMAL SIGNS _____

5. BLOOD PRESSURE _____ PULSE _____

6. I have this Day Given _____ a careful
Examination and found her/him in _____ health.

DATE _____ SIGNATURE _____

ADDRESS _____
